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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/089795

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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2	/						51						
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50							99						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	16	↓		↓		↓	TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS	18						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS